

CHAPTER OVERVIEW

This chapter will describe activities that a Children's Service Worker (CSW) will do with the child and family to support their out-of-home placement.

6.1 Out-of-Home Placement Support Activities

Attachment A: Creating a Life Book

Attachment B: Direct Service Worker Duties

Attachment C: Working With Families Needing/Wishing to Communicate in Their Native Language

Attachment D: Families Together Program (IM Program for Temporary Assistance)

6.1 Out-of-Home Placement Support Activities

1. Meet with child and foster/kinship family within first week and thereafter a minimum of every two (2) weeks to monitor placement.
 - A. Provide the necessary support to the foster/kinship family to involve them to meet the needs of the child and his parents, to include information, technical assistance, advice and counsel as follows:
 - 1) Assist the foster/kinship family in understanding the circumstances and behavior of the natural parent;
 - 2) Encourage foster/kinship parent to be a model for good parenting. This will be beneficial to foster child and natural parents; and
 - 3) Encourage child management practices which promote and protect the psychological, physical, and emotional well-being of child.
 - B. Discipline deserves special mention since foster/kinship parents are vulnerable to the accusation of child abuse, and many children exhibit problematic and provocative behavior. **PHYSICAL PUNISHMENT OF FOSTER CHILDREN IS NOT PERMITTED.** It is crucial for children to be exposed to alternative ways of problem solving aside from force or threat of force. Limit setting is necessary in a consistent and firm way. Foster/kinship parents must be offered training to manage the behavior of the child in ways other than spanking, slapping, or hitting. Briefly, depending on a child's age and capacity to understand, these ways include:
 - 1) Distraction;
 - 2) Isolating a child in his room when he is out of control until he quiets down and can discuss things. "Time out" should be understood by both foster parent and child before it is used;
 - 3) Spontaneously rewarding a child for good behavior;

- 4) Removing a child from dangerous situations;
 - 5) Removing dangerous objects;
 - 6) Explaining;
 - 7) Physical restraining (holding firmly, but gently, until a child is back in control); and
 - 8) Specific natural or logical consequences ("If you fight with Jim, then you can't play with him today.").
2. Address the following issues with child and foster/kinship family or other provider during regular placement support contacts and during FST meetings.

Related Subject: Chapter 18, of this section, Residential Rehabilitative Treatment Services.
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- A. Consult with other out-of-home care providers (not administered by the Division; i.e., Boys Town of Missouri, Butterfield Youth Services, etc.) when necessary, but at a minimum of once a month, to monitor placement and progress.
- B. See Section 4, Chapter 18 if child is placed in level II, III, or IV residential treatment services.

NOTE: These providers also include any facility in which a child in Division custody has been placed through special arrangements.
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- C. Stabilization in child's life so that development and learning can proceed at a normal rate. (Excessive anxiety and insecurity interfere with normal development and learning.)
- D. Help the child deal with the trauma of separation. Explore with him and reinforce the belief that he is not the cause of the family breakdown.

NOTE: Youth, ages 13-21, shall receive a copy of "What's It All About?" A Guidebook for Teens in Foster Care and shall be referred to the appropriate program: CHOICES or CFCIP.
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- E. Begin and maintain a "life book" with or for the child, to reinforce continuity in care and relationship to parents.
- F. Assure the healthy growth and development of the child by reviewing the child's progress and response to care provided by the foster/kinship family,

including integration of the child's case plan (CS-1) and any special evaluations, treatment and treatment recommendations.

- G. Give attention to child's special interests, talents, and vocational interests.
- H. Assist child in rebuilding parental relationship, if child does not want to visit.

NOTE: Authorization from the court must be obtained if visits with parents are to be restricted.

- 3. Secure the provision of needed and specialized services to compensate for any current learning or developmental deficits caused by previous life experiences.
 - A. Secure a medical examination, and report for same, within six (6) months prior to the child's adoptive placement, if adoption is the permanency plan for the child.
 - B. Secure a dental examination beginning at age three (3) years, and report for same, within six (6) months prior to the child's adoptive placement, if adoption is the permanency plan for the child.

NOTE: If the child has undergone the EPSDT screening within the above time period, a report of this screening will meet the medical or dental examination requirement. In those instances in which a report of abnormalities was received, a report of any treatment provided shall be secured.

The medical and dental requirements can be met, if the child is involved in a current and regular treatment regimen, by securing a report of the child's health status and continued need for treatment from the attending physician or dentist.

Physical examinations through the EPSDT program may be authorized as often as necessary in order to provide completeness regarding the child's physical condition.

- C. Secure a psychological evaluation and report beginning at age three (3) years and within six (6) months prior to adoptive placement if the child's permanency plan is adoption.

NOTE: Psychological examinations should be secured for any child below the age of three (3) years, if indicated by the condition of the child. This requirement may be waived for a child age three (3) to five (5) years if a resource competent to perform a psychological examination cannot be located. A report of any psychological services provided as a part of the case/treatment plan may be used if this service was provided within six (6) months prior to adoptive placement and is a comprehensive evaluation.

- D. Obtain reports of any specialized treatment (i.e., speech therapy, physical therapy, therapeutic day care, surgical procedures, etc.) currently being provided to the child if child's plan is for adoptive placement.

NOTE: A synopsis of any of the above reports shall be included in the written summary provided to adoptive parents at the time of placement.

- E. Maintain healthy growth and development through the provision of the usual community health, educational, religious (if appropriate) and socialization services.
4. Implement any treatment recommendations made by the physician, dentist, other professional, and the psychological examiner, including any recommendations for assisting the foster/kinship family to participate when needed.
5. Assist foster/kinship family to cooperate with parent/child visiting plan.
- A. Arrange visits with parents and siblings at least weekly.
- B. Seek progress reports after each visit, if the foster/kinship parents carry out the visitation plan.
- C. Foster/kinship families must be informed that visits should never occur in homes in which a known or suspected methamphetamine laboratory exists or has existed unless it has been professionally treated or decontaminated by a hazardous waste clean-up agency according to the guidelines of the Environmental Protection Agency (EPA).
6. Assist foster/kinship family in providing necessary guidance and behavior management of child.
- A. Assess need for residential treatment services (via the CS-9) if:
- 1) A child's behavior becomes such that kinship or foster family care can no longer meet child's needs; and,
- 2) A more structured, treatment-oriented environment is needed.
- B. See Section 4, Chapter 4, Attachment B, Guidelines for Placement Options, Criteria, and Selection; Section 4, Chapter 13, Replacement of the Child With Another Provider; Section 4, Chapter 9, Treatment Plan: Permanency Planning; and Section 4, Chapter 18, Residential Treatment Services if such placement planning becomes necessary.

7. Assist foster/kinship family and child in terminating or maintaining relationship to family and other significant persons as desired and as appropriate to child's needs when child is reunified with parents or is replaced.
 - A. Prepare child for adoptive placement if this becomes the child's permanency plan.

NOTE: This shall be done irrespective of whether the child will remain with the family currently caring for the child or will move to a new family.

8. Record all activities every 30 days.

MEMORANDA HISTORY: